

SERIAL NUMBER 09/431,849	FILING DATE 11/02/99	CLASS 428	GROUP ART UNIT 1774	ATTORNEY DOCKET NO. BEIERSDORF-5
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APPLICANT

OILVER NICKEL, HAMBURG, FED REP GERMANY.

CONTINUING DOMESTIC DATA***

VERIFIED

ZDF

371 (NAT'L STAGE) DATA***

VERIFIED

ZDF

FOREIGN APPLICATIONS***

VERIFIED

FED REP GERMANY

198 51 191.4

11/06/98

ZDF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/03/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<u>ZDF</u> Examiner's Initials	<u>ZDF</u> Initials			

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TITLE

MASKING STRIP AND THE USE THEREOF

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Bib Data Sheet

CONFIRMATION NO. 9291

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APPLICANTS

OILVER NICKEL, HAMBURG, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 198 51 191.4 11/06/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/03/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
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		<input type="checkbox"/> 1.18 Fees (Issue)



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2004-2029

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APPLICANTS

OILVER NICKEL, HAMBURG, GERMANY;

** CONTINUING DATA ***** *LF*

** FOREIGN APPLICATIONS ***** *LF*
 GERMANY 198 51 191.4 11/06/1998

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 ** 12/03/1999

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>LF</i>		

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